



Form CPF M 102: Campaign Finance Report

TOWN CLERK'S OFFICE
ARLINGTON, MA 02174

Municipal Form

Office of Campaign and Political Finance

2021 APR -2 PM 4:15

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 01/01/2021 Ending Date: 04/01/2021

Type of Report: (Check one)

☐ 8th day preceding preliminary ☒ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

Guillermo S. Hamlin

Candidate Full Name (if applicable)

Board of Assessors

Office Sought and District

1228 Mass. Avenue #B, Arlington, MA 02476

Residential Address

E-mail: gshamlin89@gmail.com

Phone # (optional):

Cmte to Elect Guillermo S. Hamlin

Committee Name

Connor Epsteinkraus

Name of Committee Treasurer

1228 Mass. Avenue #B, Arlington, MA 02476

Committee Mailing Address

E-mail: connor.bbek@gmail.com

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

\$0.00

Line 2: Total receipts this period (page 3, line 11)

\$2,138.4

Line 3: Subtotal (line 1 plus line 2)

\$2,138.43

Line 4: Total expenditures this period (page 5, line 14)

\$1,805.41

Line 5: Ending Balance (line 3 minus line 4)

\$333.02

Line 6: Total in-kind contributions this period (page 6)

\$650.00

Line 7: Total (all) outstanding liabilities (page 7)

\$0.00

Line 8: Name of bank(s) used: Eastern Bank

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Connor Epsteinkraus

(Treasurer's signature)

Date: 4/2/21

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

☒ Candidate with Committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.

☐ Candidate without Committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Guillermo S. Hamlin

(Candidate's signature)

Date: 4/2/21

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
03/19/2021	Adrien, Gerly 15 Cumberland St, Everett, MA 02149	\$100	
03/16/2021	Bakshi, Michael 3A Pleasant Street Fayville, MA 01745	\$100	
03/15/2021	Blanchette, Amy 724 2nd Street #3E Fall River, MA 02721	\$25	
03/19/2021	Boaten-Adusei, Kwabena 122 Elm Hill Ave, Unit 106 Boston, MA 02121	\$104.15	
3/4/21 & 3/14/21	Clark, Dylan 218 Walnut Hill Rd, Barre, MA 01005	\$25.70	
03/15/2021	Cohn, Jonathan 270 Huntington Avenue, Apt 606 Boston, MA 02115	\$40	
03/14/2021	Culverhouse, Lynette 24 Draper Ave, Arlington, MA 02474	\$20	
03/14/2021	Cusher, Daniel 6 Lordvale Blvd North Grafton, MA 01536	\$25	
03/14/2021	DiMeo, Chris 124 Park Ave. Arlington, MA 02476	\$104.15	
3/6/21 & 3/15/21	DiSciullo, Jennifer 1228 Mass Ave., #B Arlington, MA 02476	\$250	Executive Assistant - Sarepta Therapeutics
03/14/2021	Epstein, Elizabeth 898 Mass Ave., Apt. 51 Arlington, MA 02476	\$21.08	
03/14/2021	Garber, Judith 130 Mass Ave., #4 Arlington, MA 02474	\$25	
Line 9: Total Receipts over \$50 (or listed above)		\$1996.46	
Line 10: Total Receipts \$50 and under* (not listed above)		\$141.97	
Line 11: TOTAL RECEIPTS IN THE PERIOD		2,138.43	← Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
02/25/2021	Hamlin, Guillermo 1228 Mass. Ave., #B Arlington, MA 02476	\$100	
03/24/2021	Healy, Shawn 26 Howard St. Arlington, MA 02476	\$52.23	
03/15/2021	Herbert, Christopher 299 Carpenter St., Unit 205 Providence, RI 02909	\$50	
03/15/2021	Hope, Amanda 51 Windsor St. Arlington, MA 02474	\$50	
03/16/2021	Huang, Chao 414 John Mahar Hwy, Unit 213, Braintree, MA 02184	\$100	
03/08/2021	Jimenez, Roberto 40 Eleanor Street, Chelsea, MA 02150	\$25	
03/14/2021	Martyn, Lynette 18 Eustis Street Arlington, MA 02476	\$75	
03/28/2021	McLaughlin, Matt 28 Mt Vernon St. Somerville, MA 02145	\$100	
03/28/2021	McLaughlin, Maura 28 Mt Vernon St. Somerville, MA 02145	\$100	
03/14/2021	Mostajo, Sandra 191 Park Avenue, Arlington, MA, 02476	\$104.15	
03/15/2021	Popkin, Louise 9 Cliff St. Arlington MA 02476	\$200	Retired
02/28/2021	Revilak, Steve 111 Sunnyside Ave. Arlington, MA 02474	\$100	
03/22/2021	Scott-Pacheco, Erica 150 Pleasant St Apt 3, Dorchester, MA 02125	\$100	
Line 9: Total Receipts over \$50 (or listed above)		1,996.46	
Line 10: Total Receipts \$50 and under* (not listed above)		\$141.97	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$2,138.43	← Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

[illegible]

Line 12: Total Expenditures over \$50 (or listed above)	1767.98
Line 13: Total Expenditures \$50 and under* (not listed above)	\$37.43
Line 14: TOTAL EXPENDITURES IN THE PERIOD	1805.41

Enter on page 1, line 4 →

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
			Line 12: Expenditures over \$50 (or listed above)	1767.98
			Line 13: Expenditures \$50 and under* (not listed above)	37.43
Enter on page 1, line 4 →			Line 14: TOTAL EXPENDITURES IN THE PERIOD	1805.41

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
03/18/2021	Bergman, Robin	320 Park Ave. Arlington, MA 02476	Endorsement/TMM Mailer	\$50
03/18/2021	Gruber, Rebecca	215 Pleasant St. Arlington, MA 02476	Endorsement/TMM Mailer	\$50
03/18/2021	Henkin, Anna	11 Marion Rd., #1 Arlington, MA 02474	Endorsement/TMM Mailer	\$50
03/18/2021	Heurtelou, Doralee	133 Newland Rd. Arlington, MA 02474	Endorsement/TMM Mailer	\$50
03/18/2021	Jean, Phedjina	113 Medford St., #2 Arlington, MA 02474	Endorsement/TMM Mailer	\$50
03/18/2021	MacNeill, Adam	12 Wellington St., #3 Arlington, MA 02474	Endorsement/TMM Mailer	\$50
03/18/2021	Mansfield, Jennifer Lynn	44 Franklin St. Arlington, MA 02474	Endorsement/TMM Mailer	\$50
03/18/2021	Martyn, Lynette	18 Eustis St. Arlington, MA 02476	Endorsement/TMM Mailer	\$50
03/18/2021	McKinnon, Sarah	10 Kilsythe Rd. Arlington, MA 02476	Endorsement/TMM Mailer	\$50
03/18/2021	Meeks, Amos	25 Lee Terrace Arlington, MA 02474	Endorsement/TMM Mailer	\$50
03/18/2021	Mozina, Angel Kozell	155 Summer St. Arlington, MA 02474	Endorsement/TMM Mailer	\$50
03/18/2021	Nigoghossian, Nicole	15 Pine Ave. Arlington, MA 02474	Endorsement/TMM Mailer	\$50
Line 15: In-Kind Contributions over \$50 (or listed above)				\$600
Line 16: In-Kind Contributions \$50 & under (not listed above)				\$50
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS				\$650

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				